ARIZONA STATE DEPARTMENT OF HEALTH DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS  1. Place of Death: (a) County Mohave (b) City or Town Bullsheed City (If outside city limits also write RURAL) (c) Location (If outside city limits or days)  2. Usual Residence of Deceased: (a) State ALZOMA; (b) County (d) Street No. #28 Repty Ave  3. (a) FULL NAME Felix Oskar Harhla (b) If Veteran name war posterior of divorced  (b) City or Town Bullsheed City (If outside city limits also write RURAL) (Specify whether years, months or days)  (c) Location (St. & No. (or) Name of Institution) (Specify whether years, months or days)  (d) Street No. #28 Repty Ave (if outside city limits also write RURAL) (d) Street No. #28 Repty Ave (if outside city limits also write RURAL) (b) If Veteran name war posterior of loreign country (yes or No.) No.  (d) Street No. #28 Repty Ave (if outside city limits also write RURAL) (if outsid	<del>and the second of the second </del>	en e		
1. Place of Death: (a) County Mohave (b) City or Town Bullsheed City (c) Location.  (If outside city limits also write RURAL) (c) Location.  (If outside city limits also write RURAL) (c) Location.  (St. & No. (or) Name of Institution)  (Specify whether years, months or days)  2. Usual Residence of Deceased: (a) State ATIZOTTA (b) County (ft outside city limits also write RURAL)  (d) Street No. #28 Reppy Ave (if outside city limits also write RURAL)  3. (a) FULL NAME TELIX OS KAY HAMHIA (b) If Veteran name war name war seturity No. 5.2.6.0'.3-50/  4. Sex 5. Color or Race (a) Single, married, widowed or divorced MEDICAL CERTIFICATION	DEPARTMENT OF COVIVEROR	OF VITAL STATISTICS	99	
(Il outside city limits also write RURAL)  (St. & No. (or) Name of Institution  (Specify whether years, months or days)  2. Usual Residence of Deceased: (a) State  (b) County  (c) City or Jown  (d) Street No. #28 Repty Ave  (e) City or Jown  (f) Outside city limits also write RURAL)  (if outside city limits also write RURAL)	1. Place of Death: (a) County Mohave (b) City or Town	Bullsheed Office Registrar's No.	68 65	
2. Usual Residence of Deceased: (a) State ATIZOMA; (b) County Giver of Joseph Ave (if outside city limits also write RURAL)  3. (a) FULL NAME FOIX OSKAT HAMHIA (b) If Veteran name war (if not not country (yes or No) No (if None write he word)  4. Sex 5. Color or Race 6. (a) Single, married, widowed or divorced MEDICAL CERTIFICATION 1	(Il outside city	y limits also write RURAL) (St. & No. (or) Name -	Institution)	
(d) Street No. #28 Reppy Ave (f) County (f) County (f) City or Swn. (f) Ci	(Specify whe	other years, months or days)	245	
3. (a) FULL NAME POIX OSKAY HAMHIA (b) If Veteran name war no startly No.526-0'3-501  4. Sex 5. Color or Race 6. (a) Single, married, widowed or divorced MEDICAL CERTIFICATION 1	(d) Street No. 420 Report 1	(If outside city limits	also write RURAL)	
Male White 6. (a) Single, married, widowed or divorced MEDICAL CERTIFICATION	3. (a) FULL NAME Telix Oskar Harchi	(b) If Veteran		
	Male White or divorced, widowed	MEDICAL CERTIFICATION	E write the word)	
6. (b) Name of husband 6. (c) Age of husband 20. DATE OF DEATH (Month, day and year) 20. 19 72  TIME (Hour and minute) 7.	griwite	TIMP (Hamana)		
7. Birthdate of deceased February 24 1888 21. I hereby certify that I attended the deceased from	7. Birthdate of deceased February 24, 1888	21. I hereby certify that I attended the deceased from		
8. AGE: Years Months Days If less than one day that I last saw h alive on 19	B. AGE: Years   Months   Days   If less than one day	that I last saw h alive on		
9. Birthplace Firtlerd Impediate cause of death  DURATION	9. Birthplace Finland	and that death occurred on the date and hour stated above		
10. Usual Occupation Carpenter of Miner Rose & Sudduly	Linux in Carne of MA	This may died suddenly	-	
11. Industry or Business Billy + Mining Due to Caroliac disease S)			-	
12. Name Not known undetermined natural	12. Name Not know m	The state of the s	-	
13. Birthplace City, town or county) (State or Country)		Due to		
(City, town or county) (State or Country)  Other conditions. (Include pregnancy within 3 months of death)		Other conditions.	-	
Major findings	15. Birthplace	Major findings	buvet/Haw	
(State or Country)			Underline the	
Of autopsy death should			cause to which death should	
(b) Address fingman Migoria statistically			I De chalaca	
17. (a) Burial, Cremation or Removal 22. If death was due to external causes, fill in the following:  (b) Place 1 (c) Date 2 3 0 1942  (c) Date 3 1942		(a) Accident, suicide or homicide (creeify)		
(b) Date of occurrence	(0) 131 1972	(b) Date of occurrence		
(c) Where did injury occur?	The state of the s	(c) Where did injury occur?	***************************************	
(c) Address Stripmen Que (d) Did injury occur in or about home, on farm, in industrial place, in	9.2	(City or Town) (County) (State) (d) Did injury occur in or about home, on farm in induction of		
public place?	B - 1 2 9 16 14	public place?	, m	
19. (a) Oct. 28, 1942  (Date received local Registrar)  While at work? (Specify type of Rlace)		1171-11-11-11-11-11-11-11-11-11-11-11-11		
(b) Mue Emery 23. Signature L Clickell)	(b) Mue & new		12 5	
20M 100% Rag 9-19-41 (Registrar's Signature) Address accept the Cape Technology 10/27	20M 100% nag 9-13-41	Address Carrier Heall Byte Carlot	er Jossily	

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